Operation and Maintenance Inspection Report for Filtration Facility

Inspector Name	Project Location
Inspection Date	
Watershed	
As-built Plans available?	

Inspection Items	Checked? Yes / No	Maintenance Needed? Yes / No	Inspection Frequency	Comments
1) Debris Removal				
a) Adjacent area clear of debris			M	
b) Inlets and outlets clear of debris			M	
c) Filtration facility free of debris			M	
2) Vegetation				
a) Adjacent area stabilized			M	
b) Grass mowed			M	
c) Any evidence of erosion			M	
3) Oil and grease				
a) Any evidence of filter clogging			M	
4) Water retention where required				
a) Water holding chambers at normal pool			M	
b) No evidence of leakage			M	
5) Sediment deposition				
a) Filtration chamber clean of sediments			A	
b) Water chambers not more than ½ full of sediments			A	
6) Structural components				
a) Any evidence of structural deterioration			A	
b) Grates in good condition			A	
c) Any evidence of spalling or cracking of structural parts			A	

7) Outlets / overflow spillway				
a) Good condition (no need of repair)			A	
b) Any evidence of erosion			A	
8) Overall function of facility				
a) Any evidence of flow bypassing facility			A	
b) Any noticeable odors outside of facility			A	
9) Pump (where applicable)				
a) Catalog cuts and wiring diagram for pump available			A	
b) Waterproof conduits for wiring appear to be exact			A	
c) Panel box is well marked			A	
d) Any evidence of pump failure (excess water in pump well, etc.)			A	

Inspection Frequency Key: A = Annual, M = Monthly, S = After major storm

Necessary Action

If any of the items above where answered Yes for "Maintenance Needed", a time frame needs to be established for repair or correction.

No action necessary. Continue Routine inspections.

Correct noted facility deficiencies by (date) _____

Facility repairs were previously indicated and completed. Site re-inspection is necessary to verify corrections or improvements.

Site re-inspection completed on (date)   _____

Site re-inspection was satisfactory.
Next routine inspection is scheduled for approximately (date): _____

_____
Inspectors Signature